

Surgical Repair Techniques for Pelvic Organ Prolapse in Female Urology

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DESCRIPTION

Pelvic organ prolapse is a condition that affects many women, particularly with advancing age, childbirth history, and weakening of pelvic floor support structures. It involves the descent of pelvic organs such as the bladder, uterus, or rectum into or through the vaginal canal, leading to discomfort, urinary dysfunction, and reduced quality of life. Patients may present with symptoms including a sensation of vaginal bulge, urinary incontinence, difficulty with voiding, and pelvic pressure that worsens with prolonged standing or physical activity.

The pathophysiology of pelvic organ prolapse is multifactorial, involving weakening of connective tissues, muscle damage, and changes in nerve function. Vaginal childbirth is a major contributing factor, particularly when associated with prolonged labor or instrumental delivery. Hormonal changes after menopause further contribute to tissue atrophy and reduced support. Chronic increases in intra-abdominal pressure, such as those caused by obesity, coughing, or heavy lifting, may also accelerate the progression of prolapse.

Management of pelvic organ prolapse depends on the severity of symptoms and the degree of anatomical displacement. Conservative approaches such as pelvic floor muscle training and pessary use may provide relief in mild to moderate cases. However, when symptoms become significant or conservative methods fail, surgical repair is often considered. The goal of surgery is to restore normal anatomy, alleviate symptoms, and improve function while minimizing recurrence and complications.

In some cases, abdominal approaches are preferred, particularly when more durable support is required. Sacrocolpopexy is a widely performed procedure that uses a graft material to attach the vaginal vault to the sacrum, providing strong and long-lasting support. This operation can be performed through open, laparoscopic, or robotic-assisted techniques. Minimally invasive approaches have gained popularity due to reduced postoperative pain and quicker

recovery, while maintaining effective outcomes.

The use of synthetic mesh in prolapse surgery has been a topic of considerable discussion. While mesh can provide additional support and reduce recurrence in certain cases, it is also associated with potential complications such as erosion, infection, and pain. As a result, careful patient selection and thorough counseling are essential when considering its use. In many regions, regulatory guidelines have been established to ensure safe application of mesh-based procedures.

Preservation of sexual function is an important consideration in the surgical management of pelvic organ prolapse. Surgeons must carefully plan repairs to avoid excessive tightening or distortion of vaginal anatomy, which could lead to discomfort during intercourse. Patient preferences and expectations should be discussed in detail prior to surgery to ensure satisfactory outcomes.

Complications following prolapse surgery can include bleeding, infection, urinary retention, and recurrence of prolapse. The risk of recurrence varies depending on the type of repair, patient factors, and surgical technique. Long-term follow-up is important to monitor outcomes and address any issues that may arise. In some cases, additional procedures may be required to manage recurrence or associated conditions such as stress urinary incontinence.

CONCLUSION

Surgical repair of pelvic organ prolapse offers effective solutions for women experiencing significant symptoms and functional impairment. A variety of techniques are available, allowing for individualized treatment based on patient needs and anatomical considerations. Providing emotional support and clear communication throughout the treatment process is important in addressing these concerns and improving overall well-being. Continued advancements in surgical methods and comprehensive care approaches will further enhance outcomes in female urology.

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